

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aiea Heights Senior Living	CHAPTER 100.1
Address: 99-1657 Aiea Heights Drive, Aiea, Hawaii 96701	Inspection Date: May 13, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-ONCA
STATE LICENSING

'21 JUL 14 PM 2:02

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute Care Giver #1 – No documentation of current annual physical exam.</p>	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">SCG #1 is no longer employed at Aiea Heights Senior Living.</p>	<p style="text-align: center;">6/23/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements.</p> <p>(a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS Substitute Care Giver #1 – No documentation of current annual physical exam.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Future Plan:</p> <p>In the future, we have created a checklist for all employees for the annual clearances: PE, TB, CPR and first aid (every 2 years). This list will be checked by the CNA managers the first week of every month and rechecked and verified by the APRN in charge every month.</p>	<p style="text-align: right;">06/23/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. FINDINGS Resident #1 – No documented evidence that the diet order, “Minced, nectar thick” (ordered 10/15/20) and “honey thick/crush meds” (ordered 9/22/20) was clarified with the physician to include the type of diet and thickener.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. <u>FINDINGS</u> Resident #1 – No documented evidence that the diet order, "Minced, necker thick" (ordered 10/15/20) and "honey thick/crush meds" (ordered 9/22/20) was clarified with the physician to include the type of diet and thickener.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	

To prevent this from occurring in the future, all the nurses have been informed to clarify ALL and ANY discrepancies in orders. This includes diet, medications and treatments. If there are any diet discrepancies, we will be clarifying the RD's recommendation with the RD to ensure that the orders to the MD are correct in its entirety. All incoming orders, including diet orders, will be seen by the RN or APRN on a daily basis for completeness.

06/23/2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. FINDINGS Resident #1 – March 2021 progress notes stated resident was receiving regular, pureed diet, but there was no signed physician order for regular, pureed diet.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. <u>FINDINGS</u> Resident #1 — March 2021 progress notes stated resident was receiving regular, pureed diet, but there was no signed physician order for regular, pureed diet.	<div style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </div>	

Since the inspection, we have rechecked all of the residents diet orders to check for accuracy and completeness. To ensure that diet orders are current and all orders are complete, we will also get the assistance of our RD to check for the current orders every 6months as well as the nurses on duty to recheck diet orders every 3 months. The current diet orders will be written on the medication administration records in order for the nurses to acknowledge the correct diets.

The nurses will be responsible for all incoming orders + the APRN will be rechecking orders for completeness + accuracy.

06/23/2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. FINDINGS. Resident #2 – Progress notes from December 2020 to April 2021 stated resident was receiving “regular, chopped texture diet” but there was no order for regular, chopped texture diet from December 2020 to April 2021.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type 1 ARCHS licensed to provide special diets may admit residents requiring such diets. FINDINGS Resident #12 - Progress notes from December 2020 to April 2021 stated resident was receiving "regular, chopped texture diet" but there was no order for regular, chopped texture diet from December 2020 to April 2021.	<div style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </div> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	

Since the inspection, we have rechecked all of the residents diet orders to check for accuracy and completeness. To ensure that diet orders are current and all orders are complete, we will also get the assistance of our RD to check for the current orders every 6months as well as the nurses on duty to recheck diet orders every 3 months. The current diet orders will be written on the medication administration records in order for the nurses to acknowledge the correct diets.

The nurses will be responsible for all incoming orders + the the APPA will be rechecking orders for completeness + accuracy.

06/23/2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #1 – Medication Letrozole discontinued on January 2021 medication administration record (MAR). Request to physician to discontinue medication on 1/2/2021; however as of now (4 months later), no signature obtained on D/C order request.	<p style="text-align: center;"> <u>DID YOU CORRECT THE DEFICIENCY?</u> PART 1 USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY </p> <p> Since the OHCA inspection, resident #1 has changed hospice companies from Navian to Malama Ola with the hospice physician becoming her primary PCP. Dr. Lam has withdrawn from her care. </p> <p> we have rec'd a d/c order from Resident #1 now require PCP, Dr. Duick. (see attached) </p>	<p>04/23/2021</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. FINDINGS Resident #1 -- No initials or time for 2/26/2021 medication administration of Milk of Magnesia.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	STATE OF HAWAII DCM-CHCA STATE LICENSING

RULES (CRITERIA)		PLAN OF CORRECTION	Completion Date
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In the future, we will have the RN and CNA's check the MAR every shift for incomplete/missing medication signatures. The MAR will be checked on a daily basis for missing incompleteness by the APRN.

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. FINDINGS Resident #2 – No initials for Ensure administration on 4/20/2021 at 0900.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<div style="text-align: right;"> STATE OF HAWAII DOH-CHOA STATE LICENSING </div>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #2 – No initials for Ensure administration on 4/20/2021 at 0900.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	
	<p>In the future, we will have the RN and CNAs check the MAR every shift for incomplete/missing medication signatures. The MAR will be checked on a daily basis for missing incompleteness by the APRN.</p>		

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. FINDINGS Resident #1 – Medications not reevaluated and signed by the physician every four (4) months.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications, (g)</u></p> <p>All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS</p> <p>Resident #1 – Medications not reevaluated and signed by the physician every four (4) months.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	<p>06/23/2021</p>

Future Plan:
We have developed a checklist to track medications for physician evaluation and signatures on 3 month basis. MD signatures on the POS(Physician order summaries) will be sent every 3 months starting May 2021. This has already been started and completed. MD signatures will be obtained every 3 months thereafter and the checklist will be monitored by the APRN.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission; <u>FINDINGS</u> Resident #1 – Admission assessment not signed or dated.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – Admission assessment not signed or dated.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	
		<p>In the future, we will have the RN and CNAs admitting new residents use OCHA admission checklist form. It will be placed on the front of the chart and used to help identify if there are any missing forms. The APRN will check the admission form within the next 2 days (APRN not working in every facility on a daily basis) to check for completeness... i.e. missing signatures, dates, information.</p>	<p>06/23/2021</p>

RULES (CRITERIA)



§11-100.1-17 Records and reports. (b)(1)
During residence, records shall include:

Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;

FINDINGS

Resident #1 — No annual tuberculosis clearance. No date on next to physician's signature.

PLAN OF CORRECTION

PART I

DID YOU CORRECT THE DEFICIENCY?

USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY

Completion
Date

Yes it is addressed.
It is signed by the MD.

06/24/21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; <u>FINDINGS</u> Resident #1 – No annual tuberculosis clearance. No date on next to physician's signature.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">In the future, we have created a checklist for all residents for their annual physicals, flu vaccines, and TB renewals. This will be checked on a monthly basis by the CNA house managers and double checked by the APRN in charge.</p>	<p style="text-align: right;">06/23/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 and #2 – Monthly progress notes do not include observations of the residents response to medications.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 and #2 -- Monthly progress notes do not include observations of the residents response to medications.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	<p>06/23/2021</p>
		<p>In the future, both RN's will be performing all of the monthly summaries starting on the 20th of every month. The 2 RN's will divide the residents and complete the monthly summary in its entirety. We have created a checklist to ensure that the monthly summaries are completed by the 29th of every month. The APRN will double check the monthly summaries to ensure accuracy by the 30th of every month.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-17 Records and reports. (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS Resident #2 – No documented evidence that the Consultant Registered Dietitian's recommendations on 2/6/21 "recommend chopped diet for ease of chew" for resident with chewing difficulties/poor dentition was followed up with the physician on a timely basis. Follow up to the physician was made on 5/6/21 and a physician signed diet order for "regular chopped texture" was signed on 5/8/21.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RULES (CRITERIA)		PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence that the Consultant Registered Dietitian's recommendations on 2/6/21 "recommend chopped diet for ease of chew" for resident with chewing difficulties/poor dentition was followed up with the physician on a timely basis. Follow up to the physician was made on 5/6/21 and a physician signed diet order for "regular chopped texture" was signed on 5/8/21.</p>	<p>PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	
<p>We have created a new system when sending new MD/APRN orders. We will now ensure that the orders were sent to the MD, received back from the MD and sent to the pharmacy for reconciliation of the MAR. This system will be verified by a new checklist system written on the fax. The checklist will be stated as:</p> <p>___ sent to MD ___ date ___ received from MD ___ Sent to pharmacy for reconciliation</p> <p>This new checklist will be verified by the CNA managers, every shift and rechecked by the APRN at least by the following day to ensure completion after every sent fax.</p> <p>The new APRN in responsible for all orders sent from MD/APRN's 10/21/2021 MAR of hospital recommendations for MARs to 5/8/21 also will be 11/11/2021</p> <p>04/23/2021</p>			

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. <u>FINDINGS</u> Resident #1 – Current inventory of resident's possessions not available.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Since the inspection we have completed the resident's possession forms.</p> <p style="text-align: center;">See attached</p>	<p style="text-align: center;">06/23/2021</p>

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<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. <u>FINDINGS</u> Resident #1 – Current inventory of resident's possessions not available.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, we will have the RN and CNAs admitting new residents use the OCHA admission checklist form. It will be placed on the front of the chart and used to help identify if there are any missing forms. The APRN will check the admission form within the next 2 days (APRN not working in every facility on a daily basis) to check for completeness... i.e. missing signatures, dates, information, forms. We will update the possessions forms annually on December 1 of every year. This will be done by the CNA house managers. This will be completed by December 31 of every year.</p>	<p style="text-align: right;">06/23/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. FINDINGS Signaling device for Bed #2 in Bedroom #5 not easily accessible.	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Since the inspection, all bed call buttons have been moved to the fixed bed rail that is not being lowered. This is the bedrail that is typically next to the wall. This will prevent the call buttons from being out of reach.</p>	<p style="text-align: center;">6/23/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for residents use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. FINDINGS Signaling device for Bed #2 in Bedroom #5 not easily accessible.	<div style="text-align: center;"> PLAN OF CORRECTION PART 2 FUTURE PLAN </div> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? FUTURE PLAN: The house managers/CNA's are ensuring that all bed call buttons will be easily accessible for each resident. In addition all alarms and call buttons will be in working condition. If they are not, the issue will rectified asap with the maintenance/service manager within the day. The CNA were used to check to call buttons for easy accessibility following order between a day? 06-1400 14-2000 2000-1600 29 04/23/2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. FINDINGS SCG #1 – No documented evidence of twelve (12) hours of continuing education.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #1 is no longer employed at Aiea Heights Senior Living.</p>	<p style="text-align: right;">06/23/2021</p>

RULES (CRITERIA)		PLAN OF CORRECTION		Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS SCG #1 – No documented evidence of twelve (12) hours of continuing education.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>		
	<p>We will make sure that our staff continuing education checklist will be updated and completed annually. This will be checked by the CNA house managers every month and rechecked the APRN in charge.</p>			06/23/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> No documented evidence that fire drills were conducted monthly; missing September, November, and December 2020.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	DATE COMPLETED
<input checked="" type="checkbox"/> § 11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; FINDINGS No documented evidence that fire drills were conducted monthly; missing September, November, and December 2020.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>We will make sure that our fire drill checklist will be completed monthly. This will be done on random dates and random times but on a monthly basis. We will develop a pre planned schedule for our upcoming fire drills. The house managers will be responsible to carry out the fire drills and how it will be carried out.</p>	<p style="text-align: right;">06/23/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-86 Fire safety. (a)(4) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order; <u>FINDINGS</u> No documented evidence that smoke detectors were tested monthly to assure working order. 3C Error	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-86 <u>Fire safety.</u> (a)(4) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order; <u>FINDINGS</u> No documented evidence that smoke detectors were tested monthly to assure working order. 3c ERROR	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Level of care changed on 11/3/2020; however, Case Manager's care plan not developed until 11/20/2020.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services, (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The case manager discussed the situation to our HR/Accounting Kathleen, putting a procedure in place so that when there is a change in level of care, clients family is notified that day and asked to select a case manager within 48 hours. Case managers will develop a care plan within 48 hours.</p>	<p style="text-align: right;">06/23/2021</p>

FINDINGS
 Resident #1 – Level of care changed on 11/3/2020; however, Case Manager's care plan not developed until 11/20/2020.

AUG 11 2021

The new APRN was not at the
 satellite weekend PN with the
 responsible for ensuring that
 the family is well aware of
 what was going on. I should
 have been more involved when
 37
 48°

RULES (CRITERIA)

PLAN OF CORRECTION

**Completion
Date**



§11-100.1-88 Case management qualifications and services.

(c)(2)

Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:

Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;

FINDINGS

Resident #1 - "Nutritional status" care plan stated "pureed diet" but there was no signed physician order for "pureed diet."

PART 1

DID YOU CORRECT THE DEFICIENCY?

**USE THIS SPACE TO TELL US HOW YOU
CORRECTED THE DEFICIENCY**

Yes, we rec'd an order from Dr. Dwyer on 6/24/21 - Dr. Labin 6/28/21

AUG 11 2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">To prevent this from happening, APRN, PCP & CG will meet w/ RN, case manager monthly to ensure client goals & interventions are achieved - 1 measurable.</p>	<p style="text-align: center;">06/23/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, nutritional, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; <u>FINDINGS</u> Resident #1 – "Nutritional status" care plan did not identify measurable goals and outcomes.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Yes, the case manager revised the plan of care on "Nutritional status" to include a measurable goal.</p>	<p style="text-align: center;">06/23/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-88 Case management qualifications and services. (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; <u>FINDINGS</u> Resident #1 – "Nutritional status" care plan did not identify measurable goals and outcomes.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>FUTURE PLAN: To prevent this from happening again, PCG will meet with RN case manager monthly to ensure clients goals & interventions are current and measurable.</p>	<p style="text-align: right;">06/23/2021</p>

Licensee's/Administrator's Signature:

Print Name:

Date:

June 28, 2021
June Takekumpaka, APRN

Licensee's/Administrator's Signature:

Print Name:

Date:

June 28, 2021
June Takekumpaka, APRN